

Testimony before the Appropriations Committee

On the Governor's proposed Biennial Budget

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Velandy Manohar, MD

Good Afternoon, Sen. Bye, Rep. Walker and members of the Appropriations Committee.

My name is Velandy Manohar, MD. I am a registered voter in the Town of Haddam.

I am here to testify on the Governor's Proposed Biennial Budget.

I am opposed to the proposed cuts to the Dept. of Mental Health and Addiction and the DPH Budget. I am especially opposed to the cuts in funding of School Based Health Centers.

We absolutely have to Protect Vital MH Agencies and services by eliminating the proposed DMHAS cuts.

1. Cutting \$450,000 from the Legal Services/CT Legal rights Project Budget is like using a meat cleaver because it will cut through the muscle to the bone by eliminating money well spent because the investment saves the state money [\$806 per case] by avoiding unnecessary hospitalization costs such as an ER visit [\$2152 per visit] These cuts will reduce the stretched staffing capacity by a drastic 50% which will undermines CLRP capacity to represent on other issues.

My patients with serious mental illness have required strong, legally expert, committed advocates of their rights and creative mediators of their complicated needs and issues. I **urge you to peruse the detailed report on Chronic Homelessness in Mother Jones March and April 2015 entitled "Room for Improvement" by Scott Carrier. It supports the Housing first Initiatives.** There is a useful infographic page- entitled The Price of Living on the street. **Some important data: Osceola County Florida Tracked 37 homeless people. They were arrested 1,250 times over ten years and were incarcerated for 61,896 days. The total costs over 10 years \$6,417,905.** It is also instructive that the minimum wage which is the usual income of persons with severe mental illness cannot begin to pay the rent per month even if all of it was used just for rent. **The Housing First program in Denver which provided stable residence for persons with severe mental illness saved \$17 858 per person over two years in these costs- Detox, Incarceration, Emergency Room, OP and IP care. In LA a person served by Supportive Housing programs cost the City \$605 a month compared to the chronically homeless person cost the City five times more \$2,897.** It is very important at many levels for our state to fund the services that can greatly advance the recovery goals of our most disabled individuals while saving funds that can make it possible to increase capacity and expand caseloads to reduce barriers to access.

2. Cutting the funding of Regional Health Boards by \$585,000 would eliminate the RMHB. The staff members have brought in both volunteers [500] collectively. The Board's collaboration help bring in \$23 million in federal funds to our State. I know their collaborative work in their communities have afforded important liberating growth opportunities for many otherwise marginalized members of our communities who are also

treading the path of Recovery. For 40 years the staff and volunteers have played a vital role as liaison between state, local communities and service providers to assess needs, evaluate services and educate communities on a variety of nuts and bolts issues as well as supporting recovery initiatives that can facilitate the recovery and growth of persons with SMI [Severe mental illness] and over time reduce stigma and improve self-esteem, strengthen autonomy and stabilize living arrangements.

I am very much opposed to this specific cut to the DPH Budget especially. School Based Health Centers

1. **It is a hugely self-defeating plan to cut nearly \$2 million over the next two years from the School Based Health Centers Budget.** This will result in drastic reductions in direct services, [which are already seriously inadequate] cutbacks in face time with appropriate staff, and a unjustifiable dismantling of many new and expanded programs in the Alliance districts that opened as a direct result of the Governor's Education Reform Initiative. **These cuts appear to be a total disavowal of the recommendations of the Sandy Hook Commission. I wonder who missed the memo.** I remember the year that Sandy Hook tragedy came to pass, the Governor's budget included serious cuts in the DMHAS and DCF budgets. I pointed this out at a Public Hearing arranged by Hon. Rep Larson in Hartford. I am at a loss to understand these hefty individual and collective cuts imposed on the DPH, DMHAS, and DCF budgets.

I wonder if the Report was carefully considered because the draft was released on Feb 12, 2015 and the final Report was reportedly shared with the governor on March 3, 2015. In Appendix A, Subsection A there is list of recommendations to improve the delivery of care and provide appropriate and timely, safe and effective care to our children affected by serious MH disorders.

The Commission members appeared to have endorsed the provisions of CT Children's behavioral Health Plan and PA 13-178. Subsection B-Barriers to access- has important information about the hazards faced by children and parents who are in desperate need of Behavioral health services.

I recommend the Report of SAMHSA funded National Center for MH Promotion and Youth Violence Prevention Education Development Center, Health and Human development division **entitled, " Realizing the Promise of the whole school approach to Children's Mental health – A practical guide for Schools"**

In addition the problems with use of restraints, isolation and scream rooms is still of major concern. If we are to achieve the goal of the July 2013 Report of the Office of Protection and Advocacy for Persons with Disabilities and the Office of the Child Advocate "No More "Scream Rooms" in Connecticut Schools. I have been involved in the efforts to achieve this goal since 01 12 2012. This is a summary of the scope of the problem from Pro Publica June 25, 2014 There is no national count of children who, like Carson, are injured during restraints or seclusions. But at least one state is keeping its own tally. [We working together made this possible in 2012. I remember working with Sen. A. Stillman.] **Connecticut schools reported 378 holds or isolations that resulted in injuries to children in the 2013 school year.** Of those, 10 were classified as "serious" and required medical

attention beyond basic first aid. Restraints in Connecticut schools usually lasted less than 20 minutes, but nearly 200 of them continued for more than an hour. A quarter of the students who were restrained experienced six or more holds during the year. **Nineteen students were restrained more than 100 times.** The State also found that 40 percent of disabled students who were restrained had an autism diagnosis. The same was true for half of those secluded.

In addition to ProPublica and the Report from Office of Protection and Advocacy for Persons with Disabilities and Office of Child Advocate, the Am. Association of School Administrators issued their report from the point of view of School Administration entitled, “ Keeping Schools Safe-How Seclusion and restraint protects students and school personnel March 2012”

I want to urge these investments be made for:

1. Supportive Housing: an evidence based practice to protect the housing stability of persons with severe mental illness which generates major savings in Medicaid expenses.
2. Ensure the allocation of funds to support DMHAS Caseload growth in Proven Programs, including Young Adult Services, Inpatient Discharge Services, and Community services to Avoid Nursing Home expenditures, [Medicaid Waiver and Money follows the Person in need]

I want to point out the adverse effects of Child Poverty [It is 32% in the US] and the pernicious problem of dropouts from school that must be addressed proactively. There is need for secure and robust funding year over year to support a bolder and broader approach to education to maximize the beneficial results of early childhood education of children below and children between 3 and 5. “As indicated in the report, the overall message from the research suggests positive cognitive and social impacts on the lives of low-income children who participated in quality education programs prior to entering formal schooling (see recent reviews by Blau and Currie 2006; Waldfogel 2006). Moreover, to the extent that disadvantaged children benefit more from programs than more advantaged children, the provision of such programs can play an important role in closing achievement gaps (see, for example, Magnuson and Waldfogel 2005; Waldfogel and Lahaie 2007). Economic Policy Institute

Communities in Schools <cis@cisnet.org>

Velandy,

I want to share with you a sobering statistic: For the first time in recent history, a majority of public school children in the United States are living in poverty.

This has big implications: poverty is a major predictor of success in school, which in turn is a major predictor of success in life. Starting at the back of the pack, it gets harder and harder for at-risk kids to catch up. The wraparound supports model used by Communities in Schools, however, connects existing community resources with children who need them the most. As a result, more than 90 percent of our students who receive one-on-one care stay in school.

We've prepared this special advocacy edition of our eNews to help you take action to bring wraparound supports to many more children in need. Right now Congress is considering re-authorization of the Elementary and Secondary Education Act (ESEA). We're calling for inclusion of funding for wraparound supports and evidence-

based solutions to help poor students stay in school. I hope you will raise your voice on behalf of students nationwide.

Thank you for all you do,

Dan

TAKE ACTION For At-Risk Kids

When children come to school hungry, homeless, in need of medical care or without proper clothing and school supplies, they are far less likely to succeed than their affluent peers.

Right now we have an unprecedented opportunity to reach more students in need with the proven supports Communities In Schools provides.

As Congress considers re-authorization of ESEA, we are calling on them to include funding for wraparound supports to help poor students stay in school, for a dedicated grant that will empower educators to engage with CIS, and to prioritize funding for programs with proven results.

You can make a big difference in the lives of struggling students by writing your member of Congress today. Visit www.helpkidsnow.org to learn more.

Take Action Today >>LEARN About the Problem

In addition to these references I am attaching a page with multiple references.

The top Line includes what follows from the APA Head Lines, **the Heathy CT 2020, State Health Improvement Plan [Please scroll down to the end of Page 5]**and two items I sent to the Governors Commission and three Legislative Sub-Committee- one is on the MH crisis confronting children and their families and the other is talk the obvious Truth to Power- **““That’s more than 7,000 children injured badly enough to be hospitalized,”** said Dr. John Leventhal, the study’s lead author and a professor of pediatrics at the Yale School of Medicine. **“All are unnecessary hospitalizations because preventing gun violence is something that can actually be done.”** In addition to children hospitalized for gun injuries, another 3,000 die before they can make it to the emergency room, **meaning guns hurt or kill about 10,000 American children each year**, Leventhal said. The fifth attachment addresses the interaction between the two essential stakeholders in the efforts of the State and collaborating organizations seeking to promote the wellbeing and health of our children. It is entitled four identifiable traits of a good teacher. I seek the development of strategic relationship between the parents the tax payers and the children whose safety, growth and success is what motivates us to have these hearings and debates. It is about money but it also about being very pragmatically focused on achieving goals developed through collaborative efforts and due diligence. There are two attachments which are two CDC reports on Prevalence of MH disorders and the Costs of MH care

The next section has many attachments that pertain to the antecedents including social family, economic factors

[constituting the SDOH] and psychopathology of the Children's MH disorders. In this connection I have added four songs. [one is a poem - the Children's Hour.] The other three are 1. Children have to be carefully taught from the Pulitzer prize winning song from the South Pacific by Rodgers and Hammerstein, the second is Stephen Sondheim's song, "Children will listen" and the third is Stephen Stills song, "Teach your children." I inserted these songs and the Poem by Henry Wadsworth Longfellow, "The Children's Hour" to remind each of us and educate us to review and suitably remedy our shortcomings which may be the most important influences in the path of growth, wellbeing and enlightenment we all seek and hope for our children.



Customized Briefing for Dr Velandy Manohar

May

CDC: Mental Illness In Children Costs \$247 Billion Annually.

Yesterday, the Centers for Disease Control and Prevention issued a [report](#) (pdf) revealing that mental illness in America's youngsters cost as much as \$247 billion a year and may affect up to one in five children. The report did not generate network television coverage. Instead, coverage appears primarily on wire sources and medical websites.

[Bloomberg News](#) (5/17, Lopatto) reports, "Mental illness in children costs \$247 billion annually, a figure increasing along with the number of kids hospitalized for mood disorders, substance abuse and other psychiatric disorders," according to a report released Monday by the Centers for Disease Control and Prevention in a special supplement to the Morbidity and Mortality Weekly Report. "As many as one in five children ages three to 17 years old has a mentally illness." In addition, "the rate of children hospitalized for mood disorders increased 10 percent from 1997 to 2010, the report said, citing a US study from that year."

[McClatchy](#) (5/17, Pugh) reports, "The new CDC report, 'Mental Health Surveillance Among Children,' summarizes federal data and research from 2005 through 2011 to provide the agency's first comprehensive snapshot of the nation's emotionally troubled youth. CDC's "report comes one week after National Children's Mental Health Awareness Day on May 9 and as President Barack Obama prepares to host a June 3 mental health summit at the White House in response to recent efforts to halt gun violence." Thomas Frieden, MD, "director" of the CDC will address the report's findings in a keynote speech at the 18th annual Rosalynn Carter Georgia Mental Health Forum in Atlanta on Friday."

The [Atlanta Journal-Constitution](#) (5/17, Williams) reports, "Attention-deficit/hyperactivity disorder, also called AD/HD, was the most commonly parent-reported diagnosis of children ages three to 17 at 6.8 percent, followed by behavioral or conduct problems, anxiety disorders, depression, according to the study." Three years ago, "suicide was the second leading cause of death among children ages 12 to 17. Experts say these problems are on the rise likely because of several factors, including better awareness and diagnosis, increasing rates of poverty that put children at risk, environmental toxins and other factors."

The [NBC News](#) (5/16, Fox) "Vitals" blog reports, "For teenagers, addiction to drugs, alcohol and tobacco are the most common problems in the report found. In a statement, Frieden said, "This first report of its kind documents that millions of children are living with depression, substance use disorders, AD/HD and other mental health conditions." He added, "We are working to both increase our understanding of these disorders and help scale up programs and strategies to prevent mental illness so that our children grow to lead productive, healthy lives."

[Modern Healthcare](#) (5/17, Zigmund, Subscription Publication) reports, "The CDC worked with other federal agencies such as the Substance Abuse and Mental Health Services Administration, the National Institutes of Health and the Health Resources and Services Administration on the report."

[MedPage Today](#) (5/17, Gever) reports, "Ironically, the report appeared on the eve of the American Psychiatric Association's unveiling of a new classification system, DSM-5, slated for this Saturday at the group's annual meeting." MedPage Today notes, "Many of the diagnostic categories for childhood mental disorders will be substantially revised in [the] DSM-5, including autism spectrum and behavioral and conduct disorders."

Also covering the story are [Reuters](#) (5/17, Abrahamian), the [Kaiser Health News](#) (5/17, Gold) "Capsules" blog, [HealthDay](#) (5/17, Goodman), and [Medscape](#) (5/17, Harrison).

The Top line on the page of references in the form of attachments includes what I believe a foundational document- CT State Health Improvement Plan which is part of the Healthy CT 2020 which is an integral part of the National Healthy People 2020 Initiatives and the National Prevention strategy.

Of the 7 key areas I urge you to revisit Focus on these areas especially namely 1, 5, 6, and 7 while you diligently review the Budget that is before you.

I want to highlight this particular concern which is emblematic of the planning and more importantly the funding and implementation process. This is a quote from the Child Health and Wellbeing subsection of the first Focus area. **“My concern is that there is not enough awareness in the community about how we can work together so that people are aware of children with special needs and how to interact with them so that there are not circumstances or situations where they may not be able to communicate and/or are misunderstood.” (Hartford)**

There is much to done. We don't need to start at the Model T and debate the cuts instead of developing a Budget that will harness the existing resources, expand the capacity of agencies and services necessary to achieve the targets of healthy CT 2020 and hold hearings to determine what new services need to be developed and funded.

The State Health Improvement Plan focuses on these seven areas.

1: Maternal, Infant, and Child Health

2: Environmental Risk Factors and Health

3: Chronic Disease Prevention and Control

4: Infectious Disease Prevention and Control

5: Injury and Violence Prevention

6: Mental Health, Alcohol, and Substance Abuse

7: Health Systems

I have submitted great many reports to the Sandy hook Commission to Federal and State hearings on mental health concerns and budget priorities affecting our friends, neighbors and family members all across this state and the nation and in lands far from the safety and comfort of our homeland service, our valiant Service members and Veterans. I am willing to share these with anyone who seeks great familiarity with volume of information available that bear on the concerns we are all committed to address by engaging with one another today, the next day and as long as it takes to get us moving towards our mutually agreed upon targets.

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